2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jan 29, 2008
Secretary of State

DOCUMENT# N05000002643

Entity Name: CHURCH OF GOD BREAD OF LIFE INC.

Current Principal Place of Business:	**New Principal Place of Business:**
1630 CATHERINE DR APT # 3 DELRAY BEACH, FL 334456360	521 NORTH FEDERAL HWY BOYNTON BEACH, FL 33445

Current Mailing Address:	**New Mailing Address:**
1630 CATHERINE DR APT # 3 DELRAY BEACH, FL 334456360	521 NORTH FEDERAL HWY BOYNTON BEACH, FL 33445

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
AUGUSTIN, SIMON A 1630 CATHERINE DR APT # 3 DELRAY BEACH, FL 334456360 US	

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SIMON A AGUSTIN
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:		**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**	
Title:	P ( ) Delete	Title:	( ) Change ( ) Addition
Name:	AUGUSTIN, SIMON A	Name:	
Address:	1630 CATHERINE DR APT # 3	Address:	
City-St-Zip:	DELRAY BEACH, FL 334456360	City-St-Zip:	
Title:	S ( ) Delete	Title:	( ) Change ( ) Addition
Name:	VALMA, MICHAELA	Name:	
Address:	931 SE 3RD AVE	Address:	
City-St-Zip:	DELRAY BEACH, FL 33483	City-St-Zip:	
Title:	V ( ) Delete	Title:	( ) Change ( ) Addition
Name:	AUGUSTIN, EDGA	Name:	
Address:	427 SW 5TH AVE	Address:	
City-St-Zip:	BOYNTON BEACH, FL 33435	City-St-Zip:	
Title:	T ( ) Delete	Title:	( ) Change ( ) Addition
Name:	AUGUSTIN, ROSE	Name:	
Address:	1630 CATHERINE DR APT # 3	Address:	
City-St-Zip:	DELRAY BEACH, FL 334456360	City-St-Zip:	
Title:	D ( ) Delete	Title:	( ) Change ( ) Addition
Name:	VALMA, JON	Name:	
Address:	931 SE 3RD AVE	Address:	
City-St-Zip:	DELRAY BEACH, FL 33483	City-St-Zip:	
Title:	D ( ) Delete	Title:	( ) Change ( ) Addition
Name:	METRIS, SOUVENEY	Name:	
Address:	931 SE 3RD AVE	Address:	
City-St-Zip:	DELRAY BEACH, FL 33483	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIMON A AGUSTIN P 01/29/2008
Electronic Signature of Signing Officer or Director Date